

## **Appendix T**

# **2003 Limitations for the Physician/Supplier Procedure Summary Master File (PSPSMF)**

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2003 Physician/Supplier Procedure Master Summary File Limitations

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## 2003 Physician/Supplier Procedure Master Summary File Limitations

**INTRODUCTION**

The 2003 Physician Supplier Procedure Summary Master File (PSPSMF) includes data from all Medicare Part B carriers. A list of the 2003 carriers is included in **Appendix 1**; **Appendix 2** provides a history of Part B carriers. This file represents procedure-specific billing data for all (i.e., 100 percent) physician/supplier services rendered to all Medicare beneficiaries during calendar year (CY) 2003 and processed by the carriers through June 30, 2004.

Part B charge and utilization data for institutional services (hospital outpatient departments, home health agencies, comprehensive outpatient rehabilitation facilities, end-stage renal disease facilities, and rural health clinics) are processed by Medicare Part A fiscal intermediaries and are not included in these data. Data for services rendered to beneficiaries enrolled in risk-based Health Maintenance Organizations (HMOs) are also not included.

The quality of data is measured by processing each carrier's data through a computerized edit program. This program generates a listing of errors for each carrier. The data are edited for:

- o Invalid Healthcare Common Procedure Coding System (HCPCS) codes
- o Invalid specialty codes
- o Invalid type of service codes
- o Invalid place of service codes
- o Invalid combinations of Miles, Time, Units or Services (MTUS) and MTUS indicator code
- o Invalid combinations of HCPCS code, specialty code, type of service code, and place of service code

Tolerances are set for records from each carrier. Records which fall outside the tolerances shown below are subject to investigation:

- o Up to 2 percent of total records in error for any edit listed above
- o Up to 5 percent of total records in error for all edits
- o Up to 2 percent of total allowed charges occurring in records with errors

This document provides information on errors and/or reporting inconsistencies that have been noted at this time. Due to the volume, scope, and nature of the data, the review process is inexact; users are cautioned to be alert for undetected problems.

This document should be used in conjunction with the PSPSMF Record Description, which provides definitions of all data elements.

## 2003 Physician/Supplier Procedure Master Summary File Limitations

### **Pricing Localities**

In the 1997 Physician Fee Schedule Final Rule, HCFA reduced the number of Physician Fee Schedule pricing localities from 210 to 92, effective for services provided on or after January 1, 1997.

### DMERC CLAIMS

For durable medical equipment (DME) claims, the locality code field contains the beneficiary residence State code. It indicates where the service was priced. The provider State code determines where the service was performed. When the beneficiary and DME provider State codes are the same, the locality field is then both the pricing and performing location. The assumption is that this occurs for a high percentage of claims.

For 100 percent accuracy in determining the pricing and performing location, use the Data Extract System (DESY) DME claims level data (RIC M) Standard Analytical Files (available as Public Use Files) and use both the beneficiary residence State code for the pricing location and the provider State code for the performing location. For non-DME services, the locality code is both the performing and pricing location.

### AMBULANCE CLAIMS

Four carriers are reporting ambulance services in invalid pricing localities. Physician Fee Schedule claims for these services should be reported in a valid Physician Fee Schedule locality as of 1998. The carriers are as follows with the percentage of misreporting: 00512-MS (27%), 00901-MD (11%), 00903-DC (98%) and 31144-NH (100%).

### **Specialty Code Reporting**

**99 (Unknown Physician Specialty)** - This specialty code was reported on an inordinately large number of claims from DMERCs. Physician claims should not be processed by DMERCs. We suspect these claims should instead have carried specialty code 88 (Unknown Supplier / Provider). The problem was reported to the Provider Billing Group (PBG) in CMM in March 1996 and again in June 1998. Although the problem has been corrected for many of the suppliers, there are still suppliers reporting this specialty for claims processed by the DMERCs.

### **Anesthesia Time Units (MTUS Field – MTU Indicator Value 2)**

For anesthesia services (HCPCS 00100-01996), time units should be entered into the miles, time, units or services (MTUS) field on the PSPS record. The field should contain one implied decimal for time units. Providers submit the number of minutes that the anesthesiologist attended the patient to the carrier. The carrier converts these minutes to Time Units before calculating a payment. We have noticed that some carriers are calculating the payment correctly but are not putting the converted Time Units into the MTUS field. These carriers are leaving the minutes in the MTUS field. The carriers are: 00511 (Georgia), 00521 (New Mexico), 00522 (Oklahoma), 00523 (Missouri), 00590 (Florida), 00751 (Montana), 00910 (Utah), 00951 (Wisconsin) and 00973 (Puerto Rico/Virgin Island).

In 2002, the AMA developed new CPT codes for new technology tracking. These codes begin with zero

## 2003 Physician/Supplier Procedure Master Summary File Limitations

## APPENDIX 2

## HISTORY OF PART B CARRIERS

Sorted by State X=Active

STATE	CARRIER	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	CARRIER
AK	00831												X	X	X	X	X	X	00831
AK	01020	X	X	X	X	X	X	X	X	X	X	X							01020
AL	00510	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00510
AR	00520	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00520
AZ	00832												X	X	X	X	X	X	00832
AZ	01030	X	X	X	X	X	X	X	X	X	X	X							01030
CA(N)*	00542	X	X	X	X	X	X	X	X	X	X								00542
CA(N)*	31140											X	X	X	X	X	X	X	31140
CA(T)*	02050	X	X	X	X	X	X	X	X	X	X	X	X	X	X				02050
CA(T)*	31146															X	X	X	31146
CO	00550	X	X	X	X	X	X	X	X										00550
CO	00824									X	X	X	X	X	X	X	X	X	00824
CT	03070																		03070
CT	10230	X	X	X	X	X	X	X	X	X	X	X	X	X	X				10230
CT	00591															X	X	X	00591
DC	00580	X	X	X	X	X	X	X	X	X	X	X							00580
DC	00903												X	X	X	X	X	X	00903
DE	00570	X	X	X	X	X	X	X	X	X	X	X							00570
DE	00902												X	X	X	X	X	X	00902
FL	00590	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00590
GA	00511												X	X	X	X	X	X	00511
GA	01040		X	X	X	X	X	X	X	X	X	X							01040
GA	13110	X																	13110
HI	00833												X	X	X	X	X	X	00833
HI	01120	X	X	X	X	X	X	X	X	X	X	X							01120
IA	00640	X	X	X	X	X	X	X	X	X	X	X	X						00640
IA	00826													X	X	X	X	X	00826
ID	05130	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	05130
IL	00621	X	X	X	X	X	X	X	X	X	X	X	X						00621
IL	00952													X	X	X	X	X	00952
IN	00630	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00630
KS	00650	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00650
KY	00660	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00660
LA	00528	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00528
LA	08190																		08190
MA	00700	X	X	X	X	X	X	X	X	X	X	X							00700
MA	31143												X	X	X	X	X	X	31143
MD	00690	X	X	X	X	X	X	X	X										00690
MD	00901									X	X	X	X	X	X	X	X	X	00901

## 2003 Physician/Supplier Procedure Master Summary File Limitations

STATE	CARRIER	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	CARRIER
ME	21200	X	X	X	X	X	X	X	X	X	X	X							21200
ME	31142												X	X	X	X	X	X	31142
MI	00623									X	X	X	X						00623
MI	00710	X	X	X	X	X	X	X	X										00710
MI	00953													X	X	X	X	X	00953
MN*	00720	X	X	X	X	X	X	X	X	X									00720
MN*	10240	X	X	X	X	X	X	X	X	X	X	X	X	X	X				10240
MN*	00954															X	X	X	00954
MO*	00740	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00740
MO*	00523													X	X	X	X	X	00523
MO*	11260	X	X	X	X	X	X	X	X	X	X	X	X						11260
MS	10250	X	X	X	X	X	X	X	X	X	X	X	X	X	X				10250
MS	00512															X	X	X	00512
MT	00751	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00751
N/SD	00820	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00820
NC	05535		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	05535
NC	13340	X																	13340
NE	00645	X																	00645
NE	00655		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00655
NE	12280																		12280
NH/VT	00770																		00770
NH/VT	00780	X	X	X	X	X	X	X	X	X	X	X							00780
NH	31144												X	X	X	X	X	X	31144
NJ **	00805														X	X	X	X	00805
NJ	00860		X	X	X	X	X	X	X	X	X	X	X	X					00860
NJ	13310	X																	13310
NM	00521												X	X	X	X	X	X	00521
NM	01360	X	X	X	X	X	X	X	X	X	X	X							01360
NM	05320																		05320
NV	00834												X	X	X	X	X	X	00834
NV	01290	X	X	X	X	X	X	X	X	X	X	X							01290
NY(E)*	00803	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00803
NY(G)*	14330	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	14330
NY(W)*	00801	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00801
OH	16360	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		16360
OH	00883																	X	00883
OK	00522												X	X	X	X	X	X	00522
OK	01370	X	X	X	X	X	X	X	X	X	X	X							01370
OR	00835												X	X	X	X	X	X	00835
OR	01380	X	X	X	X	X	X	X	X	X	X	X							01380
PA	00865	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00865
PR/VI	00973	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00973

## 2003 Physician/Supplier Procedure Master Summary File Limitations

STATE	CARRIER	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	CARRIER
Reg B(IN)+	00635							X	X	X	X	X	X	X	X	X	X	X	00635
RegA(CT)+	10555							X	X	X	X	X	X	X	X				10555
RegA(CT)+	00811															X	X	X	00811
RegC(SC)+	00885							X	X	X	X	X	X	X	X	X	X	X	00885
RegD(TN)+	05655							X	X	X	X	X	X	X	X	X	X	X	05655
RI	00870	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00870
RR	10071	X	X	X	X	X	X	X	X	X	X	X	X	X	X				10071
RR	00882															X	X	X	00882
SC	00880	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00880
TN	05440	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	05440
TX	00900	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00900
UT	00910	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00910
VA	10490	X	X	X	X	X	X	X	X	X	X	X	X	X	X				10490
VA	00904															X	X	X	00904
VT	31145												X	X	X	X	X	X	31145
WA	00836												X	X	X	X	X	X	00836
WA	00930	X	X	X	X	X	X												00930
WA	00932							X											00932
WA	01390								X	X	X	X							01390
WI	00951	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00951
WV	16510	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		16510
WV	00884																	X	00884
WY	00825				X	X	X	X	X	X	X	X	X	X	X	X	X	X	00825
WY	05530	X	X	X															05530



## 2003 Physician/Supplier Procedure Master Summary File Limitations

**HISTORY OF PART B CARRIERS**

Sorted by Carrier X=Active

STATE	CARRIER	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	CARRIER
AL	00510	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00510
GA	00511												X	X	X	X	X	X	00511
MS	00512															X	X	X	00512
AR	00520	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00520
NM	00521												X	X	X	X	X	X	00521
OK	00522												X	X	X	X	X	X	00522
MO*	00523													X	X	X	X	X	00523
LA	00528	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00528
CA(N)*	00542	X	X	X	X	X	X	X	X	X	X								00542
CO	00550	X	X	X	X	X	X	X	X										00550
DE	00570	X	X	X	X	X	X	X	X	X	X	X							00570
DC	00580	X	X	X	X	X	X	X	X	X	X	X							00580
FL	00590	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00590
CT	00591															X	X	X	00591
IL	00621	X	X	X	X	X	X	X	X	X	X	X	X						00621
MI	00623									X	X	X	X						00623
IN	00630	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00630
Reg B(IN)+	00635							X	X	X	X	X	X	X	X	X	X	X	00635
IA	00640	X	X	X	X	X	X	X	X	X	X	X	X						00640
NE	00645	X																	00645
KS	00650	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00650
NE	00655		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00655
KY	00660	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00660
MD	00690	X	X	X	X	X	X	X	X										00690
MA	00700	X	X	X	X	X	X	X	X	X	X	X							00700
MI	00710	X	X	X	X	X	X	X	X										00710
MN*	00720	X	X	X	X	X	X	X	X	X									00720
MO	00740	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00740
MT	00751	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00751
NH/VT	00770																		00770
NH/VT	00780	X	X	X	X	X	X	X	X	X	X	X							00780
NY(W)*	00801	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00801
NY(E)*	00803	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00803
NJ **	00805														X	X	X	X	00805
RegA(CT)+	00811															X	X	X	00811
N/SD	00820	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00820
CO	00824									X	X	X	X	X	X	X	X	X	00824
WY	00825				X	X	X	X	X	X	X	X	X	X	X	X	X	X	00825
IA	00826													X	X	X	X	X	00826

## 2003 Physician/Supplier Procedure Master Summary File Limitations

STATE	CARRIER	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	CARRIER
AK	00831												X	X	X	X	X	X	00831
AZ	00832												X	X	X	X	X	X	00832
HI	00833												X	X	X	X	X	X	00833
NV	00834												X	X	X	X	X	X	00834
OR	00835												X	X	X	X	X	X	00835
WA	00836												X	X	X	X	X	X	00836
NJ	00860		X	X	X	X	X	X	X	X	X	X	X	X					00860
PA	00865	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00865
RI	00870	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00870
SC	00880	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00880
RR	00882															X	X	X	00882
OH	00883																	X	00883
WV	00884																	X	00884
RegC(SC)+	00885							X	X	X	X	X	X	X	X	X	X	X	00885
TX	00900	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00900
MD	00901									X	X	X	X	X	X	X	X	X	00901
DE	00902												X	X	X	X	X	X	00902
DC	00903												X	X	X	X	X	X	00903
VA	00904															X	X	X	00904
UT	00910	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00910
WA	00930	X	X	X	X	X	X												00930
WA	00932						X												00932
WI	00951	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00951
IL	00952												X	X	X	X	X	X	00952
MI	00953												X	X	X	X	X	X	00953
MN*	00954															X	X	X	00954
PR/VI	00973	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	00973
AK	01020	X	X	X	X	X	X	X	X	X	X	X							01020
AZ	01030	X	X	X	X	X	X	X	X	X	X	X							01030
GA	01040		X	X	X	X	X	X	X	X	X	X							01040
HI	01120	X	X	X	X	X	X	X	X	X	X	X							01120
NV	01290	X	X	X	X	X	X	X	X	X	X	X							01290
NM	01360	X	X	X	X	X	X	X	X	X	X	X							01360
OK	01370	X	X	X	X	X	X	X	X	X	X	X							01370
OR	01380	X	X	X	X	X	X	X	X	X	X	X							01380
WA	01390							X	X	X	X								01390
CA(T)*	02050	X	X	X	X	X	X	X	X	X	X	X	X	X	X				02050
CT	03070																		03070
ID	05130	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	05130
NM	05320																		05320
TN	05440	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	05440
WY	05530	X	X	X															05530

## 2003 Physician/Supplier Procedure Master Summary File Limitations

STATE	CARRIER	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	CARRIER
NC	05535		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	05535
RegD(TN)+	05655							X	X	X	X	X	X	X	X	X	X	X	05655
LA	08190																		08190
RR	10071	X	X	X	X	X	X	X	X	X	X	X	X	X	X				10071
CT	10230	X	X	X	X	X	X	X	X	X	X	X	X	X	X				10230
MN*	10240	X	X	X	X	X	X	X	X	X	X	X	X	X	X				10240
MS	10250	X	X	X	X	X	X	X	X	X	X	X	X	X	X				10250
VA	10490	X	X	X	X	X	X	X	X	X	X	X	X	X	X				10490
RegA(CT)+	10555							X	X	X	X	X	X	X	X				10555
MO	11260	X	X	X	X	X	X	X	X	X	X	X	X						11260
NE	12280																		12280
GA	13110	X																	13110
NJ	13310	X																	13310
NC	13340	X																	13340
NY(G)*	14330	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	14330
OH	16360	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		16360
WV	16510	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		16510
ME	21200	X	X	X	X	X	X	X	X	X	X	X							21200
CA(N)*	31140											X	X	X	X	X	X	X	31140
ME	31142												X	X	X	X	X	X	31142
MA	31143												X	X	X	X	X	X	31143
NH	31144												X	X	X	X	X	X	31144
VT	31145												X	X	X	X	X	X	31145
CA(T)*	31146															X	X	X	31146

## **Appendix U**

# **State Operations Manual**

## **Chapter 2 - The Certification Process**

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### **Table of Contents** *(Rev. 16, 01-10-06)*

#### **Identification of Providers and Suppliers and Related Presurvey Activities**

- 2000 - Certification Surveys - Citations and Responsibility
- 2002 - Meaning of Providers and Suppliers
- 2003 - SA Identification of Potential Providers and Suppliers
  - 2003A - Assisting Applicant Providers and Suppliers
  - 2003B - Initial Certification “Kits”
- 2004 - Provider-Based Designation
- 2005 - Medicare Health Care Provider/Supplier Enrollment
  - 2005A - Initial Certifications
    - 2005A1 - Request for Additional Information
    - 2005A2 - Approval
    - 2005A3 - Denial
  - 2005B - Recertification
  - 2005C - Clinical Laboratory Improvement Amendments of 1988 (CLIA) Laboratories
  - 2005D - Supplementary Applications
    - 2005D1 - Forms CMS-855A or the CMS-855B for Changes in Provider/Supplier Information
    - 2005D2 - Form CMS-855R
  - 2005E - Changes of Ownership
    - 2005E1 - CHOW Occurs
    - 2005E2 - Change in Intermediary as Result of CHOW
    - 2005E3 - CHOWs Involving Multi-Regional Chain Organizations
    - 2005E4 - Change of Owners, but Not CHOW
  - 2005F - Voluntary Terminations
  - 2005G - Specialty Intermediaries
- 2008 - Prioritizing SA Survey Workload - Initial Surveys and Recertifications
  - 2008A - Early Surveys of New Providers and Suppliers
  - 2008B - Initial Surveys of HHAs
  - 2008C - New CMHC Applicants
  - 2008D - Effective Date of Provider Agreement or Approval for Suppliers

RO reviews the Statement of Deficiencies and Plan of Correction, Form CMS-2567, to ensure that the SA's documentation supports the SA certification recommendation, acceptable plan of correction (PoC), or waiver request. The RO notes the timeliness and quality of SA processing, and extract information relating to administrative or program problems that the case reveals so that identified program problems can be corrected on the regional or national level.

In Medicaid-only cases, the SA certifies its determination as to the provider's compliance with the participation requirements. The SMA must accept certification determinations as final and may not enter into a provider agreement with a NF or ICF/MR unless the SA has certified the provider as in compliance with applicable requirements for program participation. It may, however, for good cause, refuse to execute an agreement with a NF or ICF/MR certified by the SA. (See 42 CFR 442.12(d).)

**Certification documents are official statements of the SA that may not to be altered.** The RO uses the Request for Additional Information, Form CMS-1666 (Exhibit 15), to request additional information or documentation. (See §2776.)

If a deficiency is subsequently corrected, the corrective action will be shown on Form CMS-2567 or the Post-Certification Revisit Report, Form CMS-2567B, as appropriate. If the deficiencies have not been corrected at the time of the revisit, they are shown on a new Form CMS-2567. The OSCAR system accumulates data on the ability of providers and suppliers to meet program participation requirements at the time of the survey. OSCAR data from Form CMS-2567 and Form CMS-2567B are used to measure the extent of progress providers and suppliers make in complying with program requirements.

In case of an unreconciled interpretive disagreement with the SA, the RO can arrive at a determination disagreeing with the SA, **provided there is evidence to support a contrary decision**. If the RO disagrees with the SA certification, it justifies its rejection in writing and attempts to resolve the disagreement. If necessary, a disagreement over interpretive policy can be referred to CMS CO for resolution.

## **2779 - RO Assignment of Provider and Supplier Identification Numbers** (Rev. 1, 05-21-04)

### **2779A - Numbering System for Medicare Providers and Suppliers of Service** (Rev. 1, 05-21-04)

Processing of requests for payment is keyed to the identification number. The RO enters provider and supplier identification numbers on all forms and communications and maintains adequate controls.

#### **2779A1 - Provider Identification Numbers**

**(Rev. 6, Issued: 04-29-05, Effective: 10-01-05, Implementation: 10-03-05)**

The identification numbers for providers and suppliers paid under Part A have 6 digits. The first two digits identify the State in which the provider is located. The last 4 digits identify the type of facility.

Following is a list of all State Codes:

Alabama	01	New Hampshire	30
Alaska	02	New Jersey	31
Arizona	03	New Mexico	32
Arkansas	04	New York	33
California	05, 55	North Carolina	34
Colorado	06	North Dakota	35
Connecticut	07	Ohio	36, 72
Delaware	08	Oklahoma	37
District of Columbia	09	Oregon	38
Florida	10, 68, 69	Pennsylvania	39, 73
Georgia	11	Puerto Rico	40
Hawaii	12	Rhode Island	41
Idaho	13	South Carolina	42
Illinois	14	South Dakota	43
Indiana	15	Tennessee	44
Iowa	16	Texas	45, 67, 74
Kansas	17, 70	Utah	46
Kentucky	18	Vermont	47
Louisiana	19, 71	Virgin Islands	48
Maine	20	Virginia	49
Maryland	21, 80	Washington	50
Massachusetts	22	West Virginia	51
Michigan	23	Wisconsin	52
Minnesota	24	Wyoming	53
Mississippi	25	Canada	56
Missouri	26	Mexico	59
Montana	27	American Samoa	64
Nebraska	28	Guam	65
Nevada	29	Commonwealth of the	66
		Northern Marianas Islands	

Assign the last 4 digits sequentially from within the appropriate block of numbers.

Use the following blocks of numbers for the types of facilities indicated:

0001-0879	Short-term (General and Specialty) Hospitals
0880-0899	Reserved for hospitals participating in ORD demonstration project

0900-0999	Multiple Hospital Component in a Medical Complex (Numbers Retired)
1000-1199	Federally Qualified Health Centers
1200-1224	Alcohol/Drug Hospitals (Numbers Retired)
1225-1299	Medical Assistance Facilities
1300-1399	Critical Access Hospitals
1400-1499	Continuation of Community Mental Health Centers (4900-4999 series)
1500-1799	Hospices
1800-1989	Federally Qualified Health Centers
1990-1999	Religious Nonmedical Health Care Institutions (formerly Christian Science Sanatoria (Hospital Services)
2000-2299	Long-Term Hospitals (Excluded from PPS)
2300-2499	Hospital Based Renal Dialysis Facilities
2500-2899	Independent Renal Dialysis Facilities
2900-2999	Independent Special Purpose Renal Dialysis Facility <u>1/</u>
3000-3024	Formerly Tuberculosis Hospitals (Numbers Retired)
3025-3099	Rehabilitation Hospitals (Excluded from PPS)
3100-3199	Home Health Agencies
3200-3299	Continuation of Comprehensive Outpatient Rehabilitation Facilities (4800-4899) Series
3300-3399	Children's Hospitals (Excluded from PPS)
3400-3499	Continuation of Rural Health Clinics (Provider-based) (3975-3999) Series
3500-3699	Hospital Based Satellite Renal Dialysis Facilities
3700-3799	Hospital Based Special Purpose Renal Dialysis Facility <u>1/</u>
3800-3974	Rural Health Clinics (Free-Standing)
3975-3999	Rural Health Clinics (Provider-Based)
4000-4499	Psychiatric Hospitals (Excluded from PPS)
4500-4599	Comprehensive Outpatient Rehabilitation Facilities
4600-4799	Community Mental Health Centers
4800-4899	Continuation of Comprehensive Outpatient Rehabilitation Facilities (4500-4599 Series)
4900-4999	Continuation of Community Mental Health Centers (4600-4799) Series
5000-6499	Skilled Nursing Facilities (See <u>§1060.D.</u> )